



School Counseling Permission Form

2020 – 2021

Child's name: Grade: Teacher:

Ohio School for the Deaf (OSD) offers counseling to students on an as needed basis. Our team includes individuals licensed in Social Work, Counseling, and School Psychology. Parents, teachers, and youth leaders may refer a student for counseling from one of these team members with the written consent of the parent/guardian. The student may also request counseling for themselves if they are over the age of 18 or with parental consent. This counseling is provided on an individualized basis with a member of our team. If peer mediation or mentoring or group counseling is involved, the team will notify the parent/guardian.

School counseling services aim toward more effective education and socialization of students within the OSD school community. Meeting times will be kept and documented but all information shared in these counseling sessions will be kept confidential. The staff providing the counseling is required by law to share information with parents or others if the child is in danger, a threat to self, or a threat to others. The staff member providing the counseling will explain confidentiality and its limits to your child. You and your child will be informed if information needs to be shared with others.

Once you have completed and signed the bottom portion of this form, please return it to your child's teacher or the main office. Please contact the staff providing your child's counseling for any updates or to provide additional information.

OSD Staff Members who provide counseling services:

C.J. Johnson, LSW

Phone/VP: (614) 468-8742

Text: (614) 783-1748

Email: JohnsonC@osd.oh.gov

Jessica Kales, MA, LPC, NCC

Phone/VP: (614) 468-5575

Email: Kales@osdb.oh.gov

Rachel Martin, School Psychologist, Psy. S., NCSP

Phone/VP: (614) 728-1411

Email: martin@osdb.oh.gov



I, _____, am the legal parent/guardian of _____. I have read, understand and agree to the terms of the aforementioned school counseling information. .

Please check one:

☐ I give permission for my child to receive school counseling services at Ohio School for the Deaf in the 2020 - 2021 school year from one of the aforementioned OSD staff members.

I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services.

☐ I don't want school counseling services for my child at this time. I understand that I may request counseling services at a later date if needed.

Parent/Guardian Signature

Date